

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ☐) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	ENRIQUEZ		
FIRST NAME	CAMILLE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	RESMA		
3. DATE OF BIRTH (mm/dd/yyyy)	10/06/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by b <input type="checkbox"/> hby naturalization Pls. indicate country:
4. PLACE OF BIRTH	HINUNDAYAN, SOUTHERN LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	<div>House/Block/Lot No. Street</div> <div>PUROK 1 STA CRUZ</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div>
7. HEIGHT (m)	150	ZIP CODE	6521
8. WEIGHT (kg)	49		
9. BLOOD TYPE	B	18. PERMANENT ADDRESS	<div>House/Block/Lot No. Street</div> <div>PUROK 1 STA CRUZ</div> <div>Subdivision/Village Barangay</div> <div>BAYBAY LEYTE</div> <div>City/Municipality Province</div>
10. GSIS ID NO.	NA	ZIP CODE	6521
11. PAG-IBIG ID NO.	121239638394		
12. PHILHEALTH NO.	132503386503	19. TELEPHONE NO.	N/A
13. SSS NO.	06-4188654-4	20. MOBILE NO.	09613296518
14. TIN NO.	742-258-819-000	21. E-MAIL ADDRESS (if any)	camilleenriquez1995@gmail.com
15. AGENCY EMPLOYEE NO.	NA		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BORNEO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DHAREL	NAME EXTENSION (JR., SR)	KIARA KIRSTEN E. BORNEO	03/29/2023
MIDDLE NAME	FLANDEZ		*****NOTHING FOLLOWS*****	
OCCUPATION	SEAFARER			
EMPLOYER/BUSINESS NAME	STATUS MARITIME CORPORATION			
BUSINESS ADDRESS	SAN MARCELINO ST. MALATE,METRO MANILA			
TELEPHONE NO.	6328241111			
24. FATHER'S SURNAME	ENRIQUEZ			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GASCON			
25. MOTHER'S MAIDEN NAME	ANTIPALA			
SURNAME	ENRIQUEZ			
FIRST NAME	MARIA FE			
MIDDLE NAME	RESMA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHE ST LEVEL/ UNITS EARNED	YEAR GRADUATE D	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STA. CRUZ, ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2008		2008	1ST HONORABLE MENTION
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGHSCHOOL	HIGHSCHOOL	2008	2012		2012	WITH HIGH HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	2012	2018		2018	JALECA SCHOLARSHIP GRANT
GRADUATE STUDIES							

SIGNATURE	DATE	07/31/2025
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable) .	
					NUMBER	Date of Validity
	LICENSURE EXAMINATION FOR VETERINARIANS	80.9	08/01/18	CEBU CITY	0009587	06/10/24
	PDEA S2 LICENSE	NA	NA	QUEZON CITY	043063NV22-002-D	06/10/2024
	NON-PROFESSIONAL DRIVER'S LICENSE	NA	NA	BAYBAY CITY, LEYTE	H12-14-001269	06/10/2024
NOTHING FOLLOWS						

(Continue on separate sheet if necessary)

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE _____

DATE _____

07/31/2025

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A					

(Continue on separate sheet if necessary)


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	FREE DIVING		N/A		Philippine Veterinary Medical Association (PVMA), Inc
	TUTORING				
	PAINTING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/31/2025
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to chief of bureau or office or to the person who has immediate supervision over you in the Bureau or Department where you will be appointed,
a. within the third degree?
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES☒ NO

☐ YES☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:
Date Filed: _____
Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES☒ NO

If YES, give details:

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

☒ YES☐ NO

If YES, give details:
finished contract from previous work _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ NO

If YES, give details (country):

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following
a. Are you a member of any indigenous group?

b. Are you a person with disability?

c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify: _____

☐ YES☒ NO

If YES, please specify ID No: _____


☐ YES☒ NO

If YES, please specify ID No: _____


41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
DR. RENATO DAGANTA	CVM, Baybay City	9058396312
DR. CHERYL C. BATISTEL	DBS, VSU-MAIN	9186514081
DR. GIDEON REY SALCEDO	MUNICIPAL LIVESTOCK COORDINATOR, REGION XII	9388689361
DR. IRENE MAE GABAY	VETERINARIAN, SIKUIJOR	9565518500
DR. JAMES LESTER CASTRONUEVO	SVVC CLINIC, SANTA ROSA	9289607250

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.



CAMILLE R. ENRIQUEZ




Right Thumbmark

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC ID

ID/License/Passport No.: 20-4462698

Date/Place of Issuance: 10/06/2021/ SANTA ROSA CITY LAGUNA



Signature (Sign inside the box)
01/16/2025
Date Accomplished

SUBSCRIBED AND SWORN to before me this 31 Jul 2021, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. KAREN ABIGAIL S. MONTERO
VSU Director, Legal Affairs and Services

Person Administering Oath

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WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: Mar 2022 - Dec 2022
- Position: Senior Veterinarian
- Name of Office/Unit: Southvalley Veterinary Clinic
- Immediate Supervisor: James Lester Castronuevo , DVM
- Name of Agency/Organization and Location: Southvalley Veterinary Clinic /JALECA Group of Veterinary Clinics , Santa Rosa Laguna

- List of Accomplishments and Contributions (if any)

- Trained junior Veterinarians and interns in general clinic management, patient handling and surgeries.
- Increased daily closed sales with improvement in client service satisfaction.
- Facilitated several outreach programs to benefit neighboring communities.

- Summary of Actual Duties

- Focused on neurology, orthopedic cases and dangerous drugs prescription after obtaining S2 License from PDEA.
- Performed advanced surgeries as lead surgeon.
- Actively involved in leading a team of veterinarians in management of advanced veterinary cases, client claims and complaints.

- Duration: Aug 2021- Mar 2022
- Position: Senior Veterinarian / Clinic Supervisor
- Name of Office/Unit: TLC Veterinary Clinic
- Immediate Supervisor: James Lester Castronuevo , DVM
- Name of Agency/Organization and Location: Southvalley Veterinary Clinic /JALECA Group of Veterinary Clinics , Boac Marinduque

- List of Accomplishments and Contributions (if any)

- Coordinated with LGU in supporting Rabies Awareness and Public Health Safety
- Increased daily closed sales with improvement in client service satisfaction.
- Facilitated several outreach programs to benefit neighboring communities.

- Summary of Actual Duties

- Supervised and organized internal documents, forms, billings and inventories on daily basis.
- Performed major and minor surgeries, dental prophylaxis and dental extractions and blood transfusions without supervision.
- Spearheaded a team of personnel stationed in MIMAROPA region (Boac, Marinduque) in clinic management and operations.

- Duration: Jan 2021- Jul 2021
- Position: Senior Veterinarian / Clinic Manager
- Name of Office/Unit: Animal Recovery Clinic
- Immediate Supervisor: Stacey Navarro , DVM
- Name of Agency/Organization and Location:Animal Recovery Clinic Ormoc City

- List of Accomplishments and Contributions (if any)

- Processed clinic supplies inventories, billings and documents as remote clinic manager

- Summary of Actual Duties

- Collaborated as consultant veterinarian with local animal shelter in Ormoc, City and rendered consultancy and vaccination services for non-profit animal rescue organization.
- Expanded species consultancy range to goats, pigs, cattle, turtles, iguanas, rabbits, snakes and ferrets.

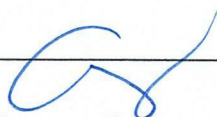
- Duration: Oct 2018 - Jul 2020
- Position: Junior Veterinarian ,Emergency Veterinarian
- Name of Office/Unit: Southvalley Veterinary Clinic
- Immediate Supervisor: James Lester Castronuevo , DVM
- Name of Agency/Organization and Location: Southvalley Veterinary Clinic /JALECA Group of Veterinary Clinics - (Batangas, Laguna, Mindoro)

- List of Accomplishments and Contributions (if any)

- Managed remote branches (Batangas, Laguna, Mindoro) and led 3-5 clinic personnel per station in client and patient care after 4 months of training.

- Summary of Actual Duties

- Worked with team of veterinarians in Laguna and Batangas Branches in performing orthopedic surgery, radiology and ultrasonography procedures and laboratory interpretation.
- Performed solo emergency veterinary procedures (i.e. delivery assistance, hit by car cases, shock, stroke patients) and surgeries (i.e. C-section) as emergency veterinarian after 6 months of supervised training.


CARMINE CORRIOLIS
(Signature over Printed Name
of Employee/Applicant)

Date: 7/21/25